HLEU JAN		THE DIVISION OF HE	ALTH OF MISSOU	KI		MCO	
	1 6 1958	STANDARD CERTIF	ICATE OF DEA	λTH .	State File No	760	•4 4+++ ••
BIRTH NO.	10,000	REG. DIST. NO	PRIMARY REG. DIST.	NO. 5389	Kegistrar's No	4	*********
I. PLACE OF DEA	TH			ENCE (Where decos		itution: residence	befo
a. COUNTY _			a STATE Missouri	b. D	COUNTY	" <sup>الو</sup> ريم	imior
b. CITY (If outside cor		URAL and sive   C. LENGTH OF	c. CITY		eyno1ds		
OP.	1- Sinki	to-nebio) STAY (in this place	OR TOWN Bunk	er	a city Yes	or incorporated town	። - ብ
d. FULL NAME OF (If not in hospital or institution, give street address or location)			STREET (If rural, give location)     ADDRESS			. 09	(
· · · · · · · · · · · · · · · · · · ·	Bunker	- H W 72		eley rt			
DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month)	(Day) (Ye	ar)
(Type or Print) R	obert	Le <b>e</b>	Dobbs	DEATH	Jan		58
5. SEX 4 6. (	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AGE (	In years IF UNDER		Min.
male	white	married (8podist	Sept 1 18	- 1	171001111		¥¥.II),
Mr. UCHAL OCCUPATIO	Magazia de la companya de la company	10b. KIND OF BUSINESS OR IN-		ty_and State or Forei		12. CITIZEN OF	WHA
flore during most of workin	g life, even if retired)	DUSTRY			ga Country)	COUNTRY?	
<del></del>	- · · · · · · · · · · · · · · · · · · ·	General	Reynolds	Co Mo		U_S	
34. FATHER'S NAME	_	13b. MOTHER'S MAIDE		14. NAME OF HU	SBAND OR FIFE	E	
John Dobi	bs	Sarah Min		Leone	Russell	Dobbe	
IS. WAS DECEASED EVE	R IN U.S. ARMED F			S SIGNATURE C	R NAME	ADDRE	SS
I5. WAS DECEASED EVEI (Yes, no, or unknown) (II)	yee, give war or dates	of service) NO. 489 18 6.5	26 N-0 Too	ne Dobbs	D	14	
		407 TO 0.3	CERTIFICATION	ne Doobs.	Bunker.	I INTERVAL BET	WEE
18. CAUSE OF DEATH Enter only one cause per 1	I. DISEASE OR CO	ONDITION		_ / _		CNSET AND DI	EATH
line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEATH (a) Death	by Natural	Causes(Ju	ry Verd	i <u>lict)                                    </u>	
	ANTECEDENT CA	ALICEC					
*This does not mean							
the mode of dying, such as heart failure, asthenia,	niorbid conditions	s, if any, giving DUE TO (b)					
etc. It means the dis-	rise to the above or the underlying cou					1	
case, injury, or complica-	DUE TO (c)					i	—
tion which caused death.		FICANT CONDITIONS					
	related to the disea	buting to the death but not use or condition causing death.				<u> </u>	
19a. DATE OF OPERA-		DINGS OF OPERATION				20. AUTOPSY	7 _
TION		•			7954	YES N	ωŒ
AL ACCIDENT (= :		21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR	TOWNSHIP	(COUNTY)	(STATE)	
21a ACCIDENT Nat	urai	home, farm, factory, street, office bldg., etc.]	1 2.0. (017), 10 111, 01	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<del> </del>	auses						
21d. TIME (Month)	(Day) (Year) (	(Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR?			
		B. WHILE AT NOT WHILE WORK					
OF INJURY			, 19, to		that I las	it saw the dec	eas
	T -41 2 2 4						
22. I hereby certify t					the date state	d above	
22. I hereby certify t alive on	hat I attended t	, and that death occurred at	1 P m., from t		the date state		2ME
22. I hereby certify t			1 P m., from t		the date state	d above.	3NE
22. I hereby certify t alive on		, and that death occurred at	1 P m., from t		the date state		GNE
22. I hereby certify t alive on		, and that death occurred at	1 P m., from to			23c. DATE SIG	8
22. I hereby certify t alive on	, 19	—, and that death occurred at (Degree or titley)	23b. ADDRESS	he causes and on 24d. LOCATION (CI	ty, town, or cour	23c. DATE SIG	8
22. I hereby certify to alive on	24b. DATE 1-10-58	Occurred at (Degree or title)  24c. NAME OF CEMETE  8 Greeley Ce	23b. ADDRESS  23b. ADDRESS  RY OR CREMATORY	he causes and on	ty, town, or cour	23c. DATE SIG	8
22. I hereby certify t alive on	, 19 24b, DATE 1-10-53 REGISTRAR'S S	Occurred at (Degree or title)  24c. NAME OF CEMETE  8 Greeley Ce	23b. ADDRESS  23b. ADDRESS  RY OR CREMATORY	the causes and on 24d. LOCATION (CI	ty, town, or cour	23c. DATE SIG 1-10-5 aty) (8ta	8

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ed on the reverse	side of this	certificate v	vas em
by me, or by		., Student Er	nbalmer No.	,

working under my personal supervision...

Student ..... Signeture of Student Embelmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.